HYSTERIA.

BY

A. F. A. KING, M.D.,

Prof. of Obstetrics, etc., in the Medical Department of the Columbian University Washington, D. C., and in the University of Vermont. Member of the American Gynecological Society: of the British Gynecological Society; of the Washington Obstetrical and Gynecological Society; and of the Medical, Philosophical, Anthropological, and Biological Societies of Washington, D. C., etc.

[Reprinted from the AMERICAN JOURNAL OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN, Vol. XXIV., No. 5, 1891.]

NEW YORK:
WILLIAM WOOD & COMPANY, PUBLISHERS,
56 & 58 LAFAYETTE PLACE.
1891.

HYSTERIA.

BY

A. F. A. KING, M.D.,

Prof. of Obstetrics, etc., in the Medical Department of the Columbian University, Washington, D. C., and in the University of Vermont. Member of the American Gynecological Society; of the British Gynecological Society; of the Washington Obstetrical and Gynecological Society; and of the Medical, Philosophical, Anthropological, and Biological Societies of Washington, D. C., etc.

[Reprinted from the AMERICAN JOURNAL OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN, Vol. XXIV., No. 5, 1891.]

NEW YORK:
WILLIAM WOOD & COMPANY, PUBLISHERS,
56 & 58 LAFAYETTE PLACE.
1891.

HYSTERIA.[1]

THE remarks I propose to present on hysteria in this paper are altogether unfinished, undigested, and immature. The ideas I have here put down are perhaps scarcely more than superficial suggestions that will certainly not bear rigid criticism. Unwise as it may be to present them thus incompletely, still they may be sufficient to indicate, however imperfectly, a line of thought upon this disease somewhat different from that followed by the recognized authorities. The protean malady must submit to being presented in as many different ways as it exhibits itself to us.

The literature of hysteria is exceedingly voluminous. The nature and origin of the disease have puzzled the medical mind for many centuries; and the puzzle still remains unsolved. There must be something wrong in the method of investigation: at least it would appear so from the meagre results that have ensued. The phenomena and symptoms exhibited have been closely studied and graphically described, but the "why and wherefore" of these phenomena are not at all satisfactorily explained.

To illustrate this point let me insert a few definitions of hysteria from the authors of leading text books.

In Gould's "New Medical Dictionary," just published, hysteria is defined as "a functional disturbance of the nervous system, supposed by early physicians to be due to the disordered condition of the womb. It is now often considered a reflex neurosis; not with certainty known whether it

[1] Read before the Washington Obstetrical and Gynecological Society, April 25th, 1890.

is due to structural alteration of any part of the central nervous system, or to abnormal blood supply, etc."

In Aitken's "Practice of Medicine" (vol. ii., page 339) this is the definition:

"A complex morbid condition of all the cerebral functions, of a chronic kind, probably associated with some morbid state of the emotional or sensori-motor centres, and presenting every variety of alteration, so that the phenomena of hysteria simulate and mimic the phenomena of almost every other disease, while the most common and characteristic features of the affection are certain motorial changes of a convulsive nature and usually of paroxysmal occurrence."

Roberts' "Practice of Medicine" (page 792) gives this definition: "Hysteria is a very complex morbid condition, of the nature of which it is impossible to speak definitely. It belongs to the nervous disorders, but its exact seat cannot be localized, though probably the brain is most disturbed."

Bennett's "Practice of Medicine" (page 448) classifies hysteria with chorea, tetanus, etc., under a special section of "Spinal Disorders." The author writes as follows: "*Hysteria*—any kind of perverted nervous function, connected with uterine derangement. Nothing can be more vague than this term."

Flint ("Practice of Medicine," page 692) writes: "The name hysteria, as commonly used, embraces a multiplicity of morbid phenomena. It is used to denote an abnormal condition of the nervous system and the mind which enters largely, as a morbid element, into a great variety of affections."

Bristowe ("Theory and Practice of Medicine," page 1007) says: "It is difficult to describe, still more difficult to define, hysteria. It may, however, in general terms be said to be a functional disorder of the nervous system, occurring mainly in females from the age of puberty upward, in which the will, the intellect, the emotions, sensation, motion, and the various functions which are under the influence of the nervous system, are involved, or apt to be involved, in a greater or less degree."

Graily Hewitt ("Diseases of Women," page 417) remarks:

"In considering the subject of hysteria, I feel that I am endeavoring to handle a subject treated of ever since medicine was a science, but never satisfactorily. The investigations concerning it have never come to a point, have never resulted in any proposition or position calculated to receive universal acceptation; its nature is confessedly open, in fact, to doubt. My early reading . . . was such as to give me the impression that there was very little to be learned about it. Much that was stated seemed vague and contradictory, and the endeavor to make a satisfactory study of the subject appeared to be so much time thrown away." These last remarks of Dr. Hewitt refer to his "early reading," but I think they would be equally applicable to the latest literary productions on the subject of hysteria.

Perhaps the best dissertation on hysteria of modern date is that by Prof. J. Russell Reynolds in his "System of Medicine" (vol. ii., pp. 82–107). On page 83 he remarks: "It is almost impossible to frame an accurate 'definition' of the disease." Further on (p. 97) he states: "There is, however, one thing common to all cases of hysteria, and that is a perturbed condition of the nervous system. The essential character of this morbid state is an exaggeration of involuntary motility, and a *diminution of the power of the will* (all *italics* mine); the emotional, sensational, and reflex movements are in excess, while the *voluntary are defective*. . . . The will is determined by anything rather than by judgment, while *ideas*, *feelings*, and *fancies exert an undue influence*. . . . Reflex movements, which in health are under some control, are not only exaggerated in their individual intensity, as a part of the hysteric state, but, from the *weakness of volition*, are allowed to run such riot that they pass beyond all bounds of healthy influence."

From these definitions it will be at once seen that only the phenomena (symptoms) of the disease are stated. No one of these definitions attempts to indicate, with any degree of precision, the nature and origin of the observed phenomena, further than to ascribe them to functional derangement of the nervous system.

But *why* should this functional perturbation of the nervous system occur? To answer this question is the first step to-

ward comprehending the nature of the disease. Until it is answered we can make but little progress. In attempting to answer it, let us try to approach the matter, by way of experiment, from several different standpoints. Perhaps we might start out with the supposition that there are different *varieties of hysteria*, whose etiology and pathology require to be separately considered. The term "*hysteria*" is almost as indefinite as the term "*fever.*" Both words convey the idea of a well-known group of phenomena; but as the "fever" group varies so much in its nature and origin, giving us many varieties of fever, so, it would seem likely, may this be true of the "hysteria" group.

To simplify the present discussion, let us try the experiment of eliminating all forms of hysteria but one, and so confine our investigation to this one alone. The other forms may fall in line afterward or stay out. There is no more reason why all forms should have the same explanation than there is that all fevers should have the same etiology and pathology, which we know they have not.

I propose then, as an experiment, that we consider the most common form of hysteria as it occurs in the female; and perhaps it might be well to assign this condition a definite name. Let us call it *sexual hysteria in woman.* Hundreds of cases of hysteria have been recorded in males, but these do not well belong to an "Obstetrical and Gynecological Society," nor shall I attempt any explanation of them. Though there are many cases on record, they are, nevertheless, extremely rare when compared with the more common form of hysteria in women.

Returning, then, and confining our remarks to *sexual hysteria in woman*, let us, again by way of experiment, assume as a working hypothesis that a typical case of hysteria, *when it first begins* in a young woman, is *not, strictly speaking, a disease at all*, but rather a mere modification in the physiological government of the body, executed by the automatic action of the ruling nervous system, *for some definite, natural purpose.* The ultimate objects that underlie all the functions of the body as they are determined by the government of the nervous system, are mainly two, viz., the *preservation of the life of the individual*, which comes first and is of first impor-

tance; and, second, the *preservation or perpetuation of the species.* From what we already know of hysteria, there is much to suggest that the hysteric process would be more nearly allied with the second object than with the first. But, reserving any statement on this point for the present, let us set down some of the most prominent phenomena that are recognized as common characteristics of the hysteric process.

To prevent confusion I name these characteristics in an accidentally arranged numerical order.

1. The *time of life* during which hysteria *most usually occurs* is between puberty and the "change of life," *i.e.*, during the age of reproduction. To this there are exceptions, just as, exceptionally, menstruation, ovulation, and reproduction may occur before the normal period of puberty or after the climacteric.

2. It is *not a solitary disease*, and does not occur when the subject is alone. True, the patient may be temporarily alone, as in a room adjoining one occupied by other persons who may be expected to come at any time, upon any outcry or sign of distress indicating the occurrence of a hysteric paroxysm. Should the patient, however, be thoroughly convinced that no one is near, and not likely to be for a long time, the hysteric attack will not occur.

3. In the customary hysteric attack the individual *appears to be unconscious, but is not really so.* The eyes are closed, so that an untaught observer would conclude: This woman does not or cannot see. On being spoken to no reply is obtained, and the same untaught observer readily concludes: This woman is either deaf or dumb, or both, as well as blind, or she is unconscious. On being touched or handled, provided it be not so roughly as to cause actual pain, no recognition of feeling is manifested, no resistance is exhibited. Should the arm be placed extended, it remains so; flex it, and it remains flexed. So of other parts of the body.

4. Every woman who exhibits the phenomena of a hysteric attack is always *ashamed of it* afterwards—instinctively ashamed. She will always deny, never acknowledge it; and when accused or told of it will become offended and angry. This is an inherited and fundamental feature of the process.

5. It occurs most often in single women, or rather in those,

whether single or married, whose sexual wants remain ungratified. "It is sometimes cured by marriage" (Watson's "Practice," p. 455). "Marriage makes it worse, unless pregnancy occur" (Graily Hewitt, page 425). Hippocrates said: "A woman's best remedy in this disease is to marry and bear children" ("Cyclop. Pract. Med.," vol. ii., p. 573). J. Connelly in this "Cyclopedia" further remarks upon "the disappearance of hysteria after a long-desired marriage," and that "in many of these cases all the mischief is removed by marriage, which, by awakening the natural functions and normal sympathies, allays the whole series of morbid actions" (vol. ii., p. 573). "Carter on Hysteria" (pp. 35, 36) observes: "The sexual passion is more concerned than any other single emotion, and perhaps as much as all others put together, in the production of the hysteric paroxysm." He further remarks upon the liability to hysteria in women of strong passions temporarily or permanently separated from their husbands. It has been attributed (I think by Sir Benj. Brodie) to unsuccessful coitus from the pain due to a large penis.

6. The hysterical woman does not present any external evidence of disease—does not look like an ill woman. *Her beauty* (whatever its degree) *is not impaired.* Even during convulsion "there is no *distortion* of the *countenance*" (Aitken's "Practice," vol. ii., p. 340). Dr. Wood remarks (quoted by Aitken, p. 341): "One of the most striking circumstances connected with the disease is the general integrity of the nutritive process; the patient continues plump and rosy." Even in cases long laid up from hysterical joint affections, it has been especially remarked (Aitken, vol. ii., p. 341) "there is no wasting of the *glutei* muscles, nor flattening of the *nates*." And in cases of so-called hysterical paralysis the apparently paralyzed muscles do not atrophy.

In falling during a "fit" (Reynolds' "System of Medicine," vol. ii., p. 96) "the patient does not fall in such a manner as to hurt herself or tear her clothes; there is somebody there who shall see the phenomenon." . . . "The hysteric patient gathers her robe around her and falls gracefully." In a word, the process of hysteria, pure and simple, as it is in the beginning, does *not impair the physical beauty of the woman.* In-

deed, many of these patients are peculiarly attractive to the other sex.

7. "There are many facts to show that warmth of climate and the seasons of spring and summer conduce to a production of the hysteric condition, but it has yet to be shown what is the element comprised under those terms which is of etiologic moment" (Reynolds' "System of Medicine," vol. ii., p. 85). Yet we know:

> "What men call gallantry, and gods adultery,
> Is much more common where the climate's sultry."
> —BYRON'S *Don Juan*, canto i., verse lxiii.

> "Summer's indeed a very dangerous season,
> And so is spring about the end of May;
> The sun, no doubt, is the prevailing reason."
> —*Don Juan*, canto i., verse cii.

8. The hysterical paroxysm is *a temporary and short affair.* The helpless creature, who seems to have lost all her senses and sensations, is in a few minutes up and about, apparently as well as ever.

9. Certain regions of the body which appear to be painfully hyperesthetic are relieved by firm pressure, rough handling, and succussion, while light touches or gentle pressure are "agonizing in the extreme." If attention be directed elsewhere, the touch gives no pain.

10. Idleness, want of occupation, a life without a purpose, strongly conduce to hysteria. "The liability to hysteria," says Sir Benj. Brodie ("Lectures on Local Nervous Affections," p. 37), "is in fact, among females, one of the *severest penalties of high civilization.* It is among those who enjoy what are supposed to be the advantages of affluence and an easy life that we are to look for cases of this description, not among those who, fulfilling the edict of the Deity, 'eat their bread in the sweat of their brow.'"

11. The hysteric patient delights in evoking sympathy. She loves to be fondled and caressed; and, usually, the more of this treatment she receives the worse she gets.

12. The *will* of the hysteric is perverted and defective, while ideas, thoughts, fancies, and emotions exhibit excessive activity. She believes she cannot speak, or move, or walk, but, on sudden fear or alarm, does either and all very quickly.

Hence she *appears* to be "acting a part." In some instances a hysterical "fit," although not strictly volitional, is yet a matter of surrender, and might be prevented under the pressure of an adequate motive. "The existence of real danger" (*i.e.*, danger to life) "throws hysteria into temporary abeyance" (Carter, page 144).

I have now recounted twelve of the common characteristics of sexual hysteria in woman—characteristic phenomena *determined by the governing nervous system.* The nervous system is so organized as to produce these results instinctively and automatically. Since we have not yet been able to discover any utility in the actions thus set up by the nervous centres of government, we speak of hysteria (see definitions previously given) as a "perturbed," "disordered," and "abnormal" function (or condition) of the nervous system.

But is there no "method" in this "madness" of the central government? Why has this nervous system commanded, or permitted, in these cases, that *emotion* should run riot and "*volition*" be temporarily put in abeyance? By what inherited instinct, or property, acquired through ages of ancestry, is the government of the body impelled to this unique performance? To answer this question we must go back to primitive woman: no adequate reply will be possible in civilized communities. We must regard a human organism as an animal, for such it is; and such a regard cannot demean or disgrace it.

Now, "it has been seen that in the lower animals the effects produced by *emotional* excitement are immediately made subservient to some *useful purpose*, having reference either to the *reproduction of the species* or to the *preservation or sustentation of the individual;* and it is probable that in them each kind of feeling is invariably followed by its special and proper consequences. But in man this is far from being the case" ("Carter on Hysteria," page 18).

Let us, however, go back to aboriginal woman—to women of the woods and the fields. Let us picture to ourselves a young aboriginal Venus in one of her earliest hysteric paroxysms. In doing so let us not forget some of the twelve characteristics previously mentioned. She will not be "acting

her part" alone, or, if alone, it will be in a place where some one else is likely soon to discover her. It is only necessary to assume *one* unwarranted fact (and that is one of a limited two) to understand all the rest, viz., that this "some one else" shall be a *male* instead of a female. To carry out this hypothetical case, let this Venus be now discovered by a youthful Apollo of the woods, a man with fully developed animal instincts, but without moral, legal, or religious restraint—without, in fact, the environments of civilization. He and she, like any other animals, are in the free fields of Nature. He cannot but observe to himself: This woman is not dead; she breathes and is warm; she does not look ill; her beauty is well preserved; she is well nourished, "plump and rosy." He speaks to her; she neither hears (apparently) nor responds. Her eyes are closed. He touches, moves, and handles her at his pleasure; she makes no resistance. What will this primitive Apollo do next? He will cure the fit and bring the woman back to consciousness, satisfy her "*emotion*," and restore her "*volition*"—not by delicate touches that might be "agonizing" to her hyperesthetic skin, but by vigorous massage, passive motion, and succussion that would be painless. The emotional process, on the part of the woman, would end, perhaps, with mingled laughter, tears, and *shame;* and when accused afterwards of the part which the ancestrally acquired properties of her nervous system had compelled her to act, as a preliminary to the event, what woman would not deny it and be angry? But the course of Nature having been followed, the natural purpose of the hysteric paroxysm accomplished, there would remain as a result of the treatment—instead of one pining, discontented woman—two happy people and the probable beginning of a third.

Speaking, then, of natural hysteria when it first begins and under natural circumstances (that is to say, without the environments and restraints—moral, social, legal, educational, and religious—of civilization), we should, from what has now been said, reach some such definition as the following:

Natural, primary, sexual hysteria in woman is a temporary modification of the nervous government of the body and in the distribution of nerve force (occurring for the most part, as

we see it to-day, in prudish women of strong moral principle whose volition has disposed them to resist every sort of liberty or approach from the other sex), *consisting in a transient abdication of the general, volitional, and self-preservational* EGO, *while the reins of government are temporarily assigned to the usurping power of the reproductive* EGO, *so that the reproductive government overrules the government by volition, and thus, as it were, forcibly compels the woman's organism to so dispose itself, at a suitable time and place, as to allow, invite, and secure the approach of the other sex, whether she will or not, to the end that Nature's imperious demand for reproduction shall be obeyed.*

This is the *natural function* of primary sexual hysteria considered physiologically. Can we, strictly speaking, call it "*disease*"?

Before proceeding further I must indulge myself in a somewhat personal remark. What I have now said might, by an ill-disposed critic, be contorted or misconstrued into an accusation that every hysterical woman is guilty of impure desires and is the victim of sexual passion. This is not so. On the contrary, what I have stated tends rather to exonerate, and completely exonerate, the hysterical person from any such charge. The view I have presented traces back the origin of the phenomena of hysteria to the automatic action of a governing nervous system, acting in obedience to the great principle of race perpetuation, which has been developed and handed down from generation to generation through long ages of ancestry. The hysterical patient is no more to blame and no more responsible for her condition than she is accountable for the number of vertebræ in her spinal column, the foundation of which was laid thousands of generations ago.

Returning now to remark further upon the duplex government of the body by the nervous system in hysteria cases, I think it most probable that the so-called "double personality" and "double consciousness" of hysteric persons, which of late years has so much puzzled the French psychologists, is to be referred to a want of agreement or balance of power between the *reproductive ego*, the object of whose government is *preservation of the race*, and the *self-preservative ego*, the object of whose administration is *preservation of*

the individual. When a woman says "*I will*," it is her first personality—what she calls *herself*—that wills. It is by this will power that she decides to walk, to work, obtain food, and perform all the acts necessary to maintain individual life in the struggle for existence. If now, when she reaches the age of puberty and child-bearing, the imperious demands of the reproductive ego clamor for fulfilment, and she again says "*I will*" and acts accordingly, then there arises no conflict between the two departments of government, and, as a rule, no hysteria. On the other hand, should she decide, with regard to the reproductive demand, to say "I will *not*" and act accordingly, at once there occurs a want of harmony—"a disturbance"—between the two departments of government. The department of the creative activities, sustained, as it were, by the hereditary rights of ancestral precedents, practices, and habits, is clamorous for the exercise of its reproductive function. The executive government of the woman's first personality, her volitional ego (for extraneous reasons of her own, usually of a sociological rather than physiological kind), opposes and resists the reproductive demand. These are the conditions under which hysteria is *liable* to occur, and to which its origin may be traced. When it *does* occur, there is produced a temporary subjugation of personal volition and personal consciousness, automatically compelling the woman's organism to surrender to the government of her reproductive personality, either with or without the designed physiological purpose of the process being accomplished—in civilized life, often without it; in prehistoric or natural life, usually with it. While, as just stated, hysteria is *liable* to occur under the conditions given, it does not always do so. This is easily explicable as follows: Should the woman's habits, and occupation, and modes of thought be of such a kind as to insure a daily expenditure of nervous energy in muscular exercise, intellectual activity, social amusement, and unemotional play, etc., so as to absorb any surplus of nerve force that would otherwise flow towards the reproductive object, then she will escape hysteria. Her nerve energies are, in fact, being expended in matters pertaining to the self-preservational object —upon matters naturally directed towards obtaining a living. But now change the conditions: place the woman in abject

idleness, both muscular and mental; supply her with the most luxurious food, which she obtains without any effort of her own; add solitude instead of social diversion, and literature which shall direct her thoughts into emotional channels; let there be *no expenditure of nerve force in the struggle for existence*, and, therefore, no natural channel for distributing surplus nerve energy other than reproduction, which last she, of her *own will*, refuses to undertake—let this mode of life be continued, and sooner or later hysteria will usually result.

There are many familiar events that illustrate this duplex government of the body, and which show the normal superior influence of the self-preservational ego over the reproductive one. And this comparative rank is as it should be. The life of the individual is necessarily of *first* importance; for if *that* be sacrificed in securing impregnation, it avails nothing: the ovule cannot develop in the dead. Hence we find, a patient in the quasi-unconscious condition of hysteria, should she be deluged with cold water or burned with fire, will resume consciousness, get up, and run away. The water and fire convey to the governing nervous system the impression of *danger to life*. At once the temporary administration of the reproductive ego is deposed; at once the self-preservational ego reassumes the reins of government. Only thoroughly frighten a hysterical woman—convey to her nerve centres the impression that *life is in danger*—and though she should have remained (apparently) paralyzed for years, she will get up and walk. The two departments of the government instantly readjust their powers in order to protect the *individual life*. It occurred to me some time ago that the treatment of a hysterical attack in accordance with the principle above stated—*i.e.*, by calling into play the action of the *self-preservational* ego—might conveniently be achieved by simply holding the woman's nose and closing her mouth, so as to convey to the central nervous system the impression of *danger to life* from *suspended respiration*. I was therefore gratified to find later on that such a plan had been long ago tested and found successful. Dr. Hewitt speaks of it as "Dr. Hare's plan of suffocation." In describing a case ("Hewitt on Women," pp. 422, 423) Dr. Hewitt says: "Slap-

ping of the face and placing strong liquor ammonia under the nostrils had no effect, but she was quickly subdued by Dr. Hare's plan of suffocation" . . . "Subsequent to this she had many similar attacks, sometimes as many as five or six in a day. They were all stopped by the suffocating process."

The self-preservational nerve centres have acquired, ages ago, a proper appreciation of the importance to life of *respiration;* they soon appreciate the *besoin de respirer*, and automatically adopt measures to remove it. Possibly, if we could make a device to produce a sound closely resembling that of a rattlesnake, and place it near the person of a hysteric woman (without her knowledge), the nerve centres, by a sort of ancestral memory, would perhaps recognize the *signal of danger* and prompt the woman to speedily change her place, much as a mouse *instinctively* avoids its natural enemy, the cat.

This dual government, or double personality, of the human body—the two departments of *reproduction* and *self-preservation*—have been referred to, almost unknowingly, by the most ancient of writers. Even good old St. Paul, who is stated to have written his Epistle to the Romans in the year 60 A.D., tells us (in chapter vii.) that sin had wrought in him "*all manner of concupiscence*" or *lust* (verse 8). Then he goes on to describe the conflict of himself with his second or reproductive personality, thus: "That which I do, I allow not: for what I would, that do I not; but what I hate, that do I." "To will is present with me; but how to perform that which is good, I find not." "For the good that I would, I do not: but the evil which I would not, that I do." "Now if I do that I would not, *it is no more I that do it*, but sin that dwelleth in me." "I find then a law, that when I would do good, evil is present with me." "I see another law in my *members*, warring against the law of my *mind*, and bringing me into captivity to the law of sin which is in my members." This simply illustrates the conflict between the *emotions* of the *reproductive* ego and the *volition* of the *personal, self-preservative* ego—a conflict noted over and over again by poets and dramatists in modern times, as illustrated in one of Byron's characters (in "Don Juan"), who,

"swearing she would *ne'er* consent, *consented*." So Buckingham, in counselling Gloster to accept the crown, says:

> "And be not easily won to our requests;
> Play the *maid's part*, still answer *nay*, and *take it*."
> —*Richard III.*, act iii., scene vii.

In addition to these Biblical, poetic, and dramatic references, let me cite a few quotations of more modern date and more scientific value. In referring to the discussion on double consciousness, raised by himself, at the Paris Congress of Physiological Psychology recently, Dr. Alfred Binet says: "The problem that I seek to solve is, to understand how and why in hysterical patients a division of consciousness takes place" (*Open Court*, December 12th, 1889, No. 120, page 1983). "In other words, the question we ask is, What are the psycho-physiological conditions that determine the formation of a second consciousness?" (page 1984, ibid.). He further observes (*Open Court*, No. 112, October 17th, 1889, page 1887): "We know of observations in which this second personality, ever awake, is seen gradually to develop more and more, and to assume the initiative in conduct, instead of the first personality which is temporarily annihilated." Again: "The facts above set forth have led me to the assumption that there may exist in hysterical patients two rational faculties, that are mutually ignorant of each other." And still again he repeats: "I believe it satisfactorily established, in a general way, that two states of consciousness, not known to each other, can co-exist in the mind of an hysterical patient" (page 1887).

This, perhaps, is not the place nor a proper society for the discussion of psychological matters. I leave it, therefore, after remarking that I believe the true key to the understanding of Binet's problems, as well as to the phenomena of so-called "hypnotism," "somnambulism," "automatism," etc., is to be found by recognizing *the two departments of physiological government—creative* and *conservative—individual* preservation and *race* preservation. When the two departments execute their respective functions of government successfully and in harmony with each other and with Nature, no abnormal phenomena will be encountered. When otherwise, the result will be reversed.

Since I have spoken of "*primary* sexual hysteria in woman" as a modification of nerve government designed to accomplish a physiological purpose, it is very apparent that old-standing chronic cases, lasting for years and drifting into hystero-epilepsy, etc., require a different explanation. This explanation will be found, perhaps, somewhat as follows: We must constantly bear in mind that in dealing with the hysteric process of to-day we are dealing with it while the woman is surrounded by the environments of *civilization*, and not by the ancient environments of *ancestral times*. This makes a vast difference. To study successfully any natural process we *must* study it in its *natural* state, with its *natural* surroundings. Now, it is scarcely likely that primary ancestral hysteria would ever fail (perhaps not once in a thousand times), with ancestral surroundings, of securing the accomplishment of the physiological purpose for which I have suggested it was designed; and this would at once end the hysteric process. On the contrary, in civilized life, the hysteric process *not* attaining its designed result, we find it being repeated over and over, five or six times a day, for perhaps weeks, months, or even years, in obedience to the same nervous mechanism of government which prompted it in the beginning. Hence what should naturally have been a transient and temporary affair has become the reverse. That portion of the nervous system other than what belongs to the intellectual and volitional ego of the individual, has no *intelligence* at all, but is simply an *automaton*, acting in obedience to qualities acquired from ancestors. It cannot appreciate, therefore, in determining the hysteric process, that the design of the process is to be thwarted by the customs of modern society, by the laws of states, the edicts of thrones, and the tenets of religion, which constitute so potent an element in the environments of civilization. Under these circumstances the hysteric process is useless and superfluous, and ludicrously impotent of any physiological result. From frequent repetition it becomes a habit of the nervous system—"nerve force flows readily through habitually used channels"—hence it is likely to recur, and does so recur, under slight emotions that have *no direct relation with reproduction*. The original natural object of hysteria (which ought to have been promptly attained) be-

comes buried so deeply in accumulated and repeated disappointments that the automatic nervous system has no inherited quality that enables it to meet the *unnatural* emergency. It keeps on, like any other machine, all the time instigating the woman's body to do over and over again that which, *under the circumstances*, is useless. If the physiological view of hysteria (as I have presented it) be true, the occurrence of the hysteric process in the presence of females, and when no male is near, becomes ludicrous. The imperious impulses and emotions of the sexual instinct are so overpowering and mandatory; the preparations for reproduction in the female organism, and the consequent accumulation of nerve force, so extensive, that the preliminary event of insemination cannot be ruthlessly and recklessly postponed over and over again without seriously disturbing the functions of the nervous system; and this "functional disturbance of the nervous system" is the disturbance constantly referred to in the text-book definitions of hysteria previously quoted. It is, in fact, a disturbance in the *gubernatorial function of the nervous system*, consequent upon a part of the territory governed (the reproductive part) refusing to obey those laws of Nature which it is the *chief* office of the nervous system to administer and enforce as best it can.

There is yet another class of cases that need further explanation, viz., those cases occurring in *married women who have had children*. Of these I might say, though not perhaps quite fairly, they may not belong to the "*sexual hysteria*" we are here considering. Emotions *other than sexual* may disturb the functions of the nervous system and produce quasi-physiological hysteria. Furthermore, are we always quite sure that the hysterical habit was not acquired *before* marriage, and, having become chronic, persists, in spite of marriage, afterward? Moreover, the results of childbirth or abortions may leave lesions, traumatic or otherwise, of the reproductive organs themselves, which may produce, as it were *artificially*, functional disturbance of the nervous system resembling the hysteria we have called physiological. The process of emesis, produced by poisonous matters in the stomach, is, though not a normal process, yet a *natural* one, and serves the *purpose* of ejecting the offending substances. Emesis, however, may be

produced by tickling the throat with a feather, even though the stomach be empty. The one is *natural* (and useful) emesis. the other *artificial* (and useless). So with *natural* and *artificial* hysteria. The nervous system, like an automatic machine, reacts in obedience to environing actions, and the hysteric and emetic processes are produced without any intelligent perception on the part of the gubernatorial automaton as to what the result will be. Hysteria, however, from organic lesion of the reproductive organs is not so common as was once supposed. I agree with Goodell, who, in an excellent lecture in the Philadelphia *Medical News* (December 7th, 1889), lays great stress upon the statement that the symptoms so often attributed to uterine diseases are really *neurotic* troubles.

TREATMENT.

To test the truth of what has been thus far said, let us next consider the principles of treatment deducible therefrom, and their efficacy. There are several methods of treatment which experience has demonstrated are severally efficacious in different cases.

1. *Marriage.*—This is Nature's remedy, and will, in the large majority of cases, be effectual if not unduly postponed.

2. *Oöphorectomy.*—When the *ovaries* are taken out the patient becomes a female eunuch. The organs of reproduction, over which the nervous system presided, are no longer performing, or likely or able to perform, their natural function; the body goes back to its ante-puberic, or on to its post-climacteric, state. Physiological hysteria can now accomplish no utilitarian purpose. It will cease to occur, for the reasons stated.

3. *Narcotics, Alcoholics, etc.*—By opium, alcoholic stimulants, etc., which *stimulate* the nerve centres pertaining to the cerebral functions of *volition* and the *self-preservative* ego, these centres may temporarily regain the ascendency over, and take precedence of, the *reproductive* ego, and so dispel or postpone hysteria. The benefit, however, could be only temporary, and the method of treatment should *not* be resorted to, on account of the liability of the nervous system to attain the opium or alcohol habit, either of which would be more dangerous than the hysteric process.

4. *Intellectual and Muscular Exercise.*—These exercises simply mean phases of effort on the part of the self-preservative ego to maintain life—to struggle for existence. They require constant *volitional* effort on the part of the patient, and when *volitional* effort has become a habit, whether from necessity or choice, the nerve force will flow through these now accustomed channels, will be diverted from the channel leading to reproductive effort, and the hysteria will be relieved. The volitional effort on the part of the patient, however, must be enforced by *circumstances* (poverty, etc.), or by the *will* of another person compelling her to perform the requisite amount of mental and muscular work or play. In the absence of *marriage*, and without *spaying*, this constitutes the *most rational and scientific method of curing chronic hysteria;* but it is exceedingly difficult, tedious, and bothersome, and requires that the "other person" exercising volitional control of the patient should be almost constantly present.

5. *Valerian, etc.*—There is something extremely unique and inexplicable in the effect of valerian upon hysteric patients. The subject of hysteria may present all the phenomena of hysteric "unconsciousness," and, when a little fluid extract of valerian is forced into her mouth, recover all her faculties *in a few seconds.* This we have all repeatedly witnessed. The valerian cannot have been absorbed so quickly. Can its peculiar efficacy be attributed to its peculiar *odor?* It may here be observed that musk, camphor, asafetida, etc.—medicines with strong odors—are among the best medicinal remedies for hysteria. The odor of burnt rags or burnt feathers or hair—popular remedies for hysteric paroxysms—may be more easily explained: they may suggest to the self-preservative nerve centres *the idea* of *fire*, and consequently *danger to life.* Was there, in ancestral times, any snake, or other natural enemy of man, that possessed the odor of valerian? If so, the effect of the medicine in awakening the self-preservative ego by conveying a sense of *danger to life*, and so restoring normal consciousness, would be apparent.

The points considered, or suggested for consideration, in the foregoing remarks, are as follows:

1. The natural history, origin, and pathology of hysteria have not been thus far satisfactorily explained. The disease

has been regarded as a functional disturbance of the nervous system, the nature of which is not settled.

2. Are there not different varieties of hysteria, as there are different varieties of fever?

3. The most common form of hysteria in women is intimately related with the reproductive and sexual functions, and should be designated as "sexual hysteria in women."

4. Is it strictly correct to call this condition a "*disease*"? Should it not rather be regarded as a functional modification of the nervous government of the body, designed for the purpose of race preservation?

5. Many of the more common characteristics of hysteria—viz., (*a*) the *time of life* at which it occurs; (*b*) its not being a *solitary* disease; (*c*) the unconsciousness exhibited being only *apparent*, not real; (*d*) the woman being *ashamed* of it afterward; (*e*) its occurrence chiefly in women who do not reproduce, and its cure by reproduction; (*f*) the woman preserving her beauty; (*g*) the paroxysms being short and temporary; (*h*) the season of the year at which it is most prevalent; (*i*) its occurrence in the higher walks of life; (*j*) the patient longing for sympathy, etc.—suggest that the hysteric process among primitive women in prehistoric times was favorable to secure the approach of the other sex.

6. The influence of the hysteric process in this direction indicates that primarily, and without the environments of civilization, approach of the other sex would by it be accomplished.

7. The modification of nerve government which produces the hysteric process consists in a temporary abdication of the self-conservative ego and an usurpation of power by the reproductive ego. The conflict between these two departments of government has been unknowingly recognized for many centuries, and explains the well-known "double personality" or "double consciousness" of hysterical patients.

8. The physiological *function* of hysteria, as it occurred before civilization, was to secure insemination. The purpose was *then* usually accomplished. The function of hysteria in civilized communities *not* being accomplished, the cases become chronic and drift into all sorts of irregularities, far removed from the original type, and presenting phenomena that,

taken alone, appear to conceal, cover up, or even antagonize any idea of functional utility.

9. The *rationale* of modern successful methods of treatment is in accord with the preceding views, and tends to corroborate their correctness.